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CONFIRMATION NO. 2510

<b>SERIAL NUMBER</b> 10/713,601	<b>FILING OR 371(c) DATE</b> 11/14/2003 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2618	<b>ATTORNEY DOCKET NO.</b> I-2-0438.1US
<b>APPLICANTS</b> Leonid Kazakevich, Plainview, NY; Fatih Ozluturk, Port Washington, NY; Alpaslan Demir, Commack, NY;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/427,127 11/15/2002 * (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/23/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 20
Verified and Acknowledged <input checked="" type="checkbox"/> Examiner's Signature: [Signature] Initials: [Initials]		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 24374				
<b>TITLE</b> Wireless transmit/receive units having multiple receivers and methods				
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	